

FILED
CLERK

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF NEW YORK

MAY 10 PM 12:30

U.S. DISTRICT COURT
EASTERN DISTRICT
OF NEW YORK

MAJD KHADRA

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Complaint for Violation of Civil Rights
(Non-Prisoner Complaint)

Case No. _____
(to be filled in by the Clerk's Office)

Jury Trial: ☒ Yes ☐ No
(check one)

KUNTZ, J.

-against-

- City of New York
- Officer Badge to 50

POLLAK, M.J.

ORIGINAL

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

CW

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NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in *forma pauperis*.

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Majd Khadra
Street Address	823 NA
City and County	599 Clarkson Ave
State and Zip Code	Brooklyn NY
Telephone Number	917-535-8498
E-mail Address	MajdKhadra

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name	DHS officer
Job or Title (if known)	Sgt Bader 508
Street Address	599 Clarkson Ave
City and County	Brooklyn NY
State and Zip Code	
Telephone Number	
E-mail Address (if known)	

Defendant No. 2

Name

City of NY

Job or Title

(if known)

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address

(if known)

Defendant No. 3

Name

Job or Title

(if known)

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address

(if known)

Defendant No. 4

Name

Job or Title

(if known)

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address

(if known)

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (*check all that apply*):

- ☒ State or local officials (a § 1983 claim)
☐ Federal officials (a *Bivens* claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

Civil Rights, Human Rights

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

D. Section 1983 allows defendants to be found liable only when they have acted “under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia.” 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

III. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. Where did the events giving rise to your claim(s) occur?

599 Clarkson Ave Brooklyn NYC
Kingsboro Star Shelter.

- B. What date and approximate time did the events giving rise to your claim(s) occur?

May 9th around 3 am

- C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

As I enter the Shelter, DHS
officer Badge 508 decided to
confiscate my meds since they
werent in original labeled bottle.
I offered to show proof of prescription
but she wouldnt listen. At this point
I called 911 and right after doing
so I get shoved against wall and
handcuffed for no reason. Police
arrive and they check to find
out the meds were mine.

By the time it took the police to arrive
I was ~~being~~ getting kicked every time
I twitched. Woke up next day
with back pain.

IV. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

Back Pain, Right after incident
I went and saw Pain Management
doctor who prescribed Muscle Relaxer
for the pain.

V. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

20,000 Back injury,
mental suffering
Discrimination against people
with Tourette's

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 5/5/10, 2017

Signature of Plaintiff Eiccers

Printed Name of Plaintiff MAJID KHADRA

Show # 508
of 1 of the officers

CLIENT COMPLAINT FORM

DATE: ¹⁰5/9/17 9:40 MR
 TIME REPORTED: ~~around 3:am~~ REPORTED TO: _____
 CLIENT NAME: Majd Khadra HA# B41
 D.O.B. 4/29/87 SOC. SEC. # 286-11-5322
 NATURE OF COMPLAINT: Assault

COMPLAINT:

As I enter Kingsboro Star (Men's shelter) located on 599 Clarkson Ave, 2 female officers decided to confiscate my medication since they weren't in original bottle, however I offered nicely to show proof the meds were mine but they refused to listen. At this point, I called 911 and explained the situation. Right after this the 2 officers shoved me against the wall with handcuffs on. I kept calm, explained I have Tourette's, no need for handcuffs but instead everything I touched they listed me telling me to stop. Police finally arrives, they go to my locker and verify meds were mine! They proceeded by saying sorry! Next day I woke up and with back pain caused by assault by the officers.

DHS POLICE SUPERVISOR ON DESK: Det. [Signature]

COMPLAINT ENTERED INTO LOG BOOK PAGE(S): 276

WHAT TIME: _____ INCIDENT REPORT #: _____

WAS DHS STAFF NOTIFIED? _____ IF YES, THE WHO: _____

MISCELLANEOUS NOTATIONS: Det. [Signature]

CLIENT'S SIGNATURE: [Signature]

PS. they even took my phone deleted recordings!